



**Office/Clerical Skills**

Please complete specific skills: (Circle skill level 1=Novice 5=Expert)

MS Word 1 2 3 4 5

MS Excel 1 2 3 4 5

Power Point 1 2 3 4 5

Other: \_\_\_\_\_ 1 2 3 4 5

Typing: WPM \_\_\_\_\_

Other Office Equipment:

**Educational History** –List educational institutions below. Use additional pages if necessary.

	Name, City and State of school(s) attended:	Type of Degree:	Major:	Graduated?
HIGH SCHOOL		<i>High School diploma or equivalent (GED)</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
COLLEGE				<input type="checkbox"/> Yes <input type="checkbox"/> No
COLLEGE / GRADUATE SCHOOL				<input type="checkbox"/> Yes <input type="checkbox"/> No
Technical/Professional/ Other				<input type="checkbox"/> Yes <input type="checkbox"/> No

Professional Licenses/Certifications: (List Type)	State:	Expiration Date:	Registration#:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list skills or qualifications you have that are applicable to the position. Include any special training and/or technical skills:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY**

- List your last 15 years of work history, beginning with your present/most recent job (use additional sheets if necessary);
- Please answer each question completely – “See Resume” is not acceptable; and
- Emphasize specific tasks, or other responsibilities relating to the position applied for.

Employer's Name:	Your title/position:	From Mo/Yr	To Mo/Yr
Duties: (be specific)		Total Time Yrs/Mos	Hours/Wk
		Salary	
		Starting	Ending
Reason for leaving:	Supervisor's Name: Phone Number:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer's Name:	Your title/position:	From Mo/Yr	To Mo/Yr
Duties: (be specific)		Total Time Yrs/Mos	Hours/Wk
		Salary	
		Starting	Ending
Reason for leaving:	Supervisor's Name: Phone Number:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer's Name:	Your title/position:	From Mo/Yr	To Mo/Yr
Duties: (be specific)		Total Time Yrs/Mos	Hours/Wk
		Salary	
		Starting	Ending
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Employer's Name:	Your title/position:	From Mo/Yr	To Mo/Yr
Duties: (be specific)		Total Time Yrs/Mos	Hours/Wk
		Salary	
		Starting	Ending
Reason for leaving:	Supervisor's Name: Phone Number:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Additional Employment History Questions:**

Have you ever been fired or asked to resign from any employer?  Yes  No  
If yes, please explain giving details, dates, and locations

Give explanations of any gaps in employment:

**SIGNATURE AND WAIVER**

**Read each statement below:**

- I certify that the information in this application is true, complete and correct to the best of my knowledge.
- I understand that any falsification or omission of information may disqualify me from further consideration and may be considered justification for termination if discovered at a later date.
- I have read the job description for the position in which I am applying and certify that I am able to perform, with or without reasonable accommodation, the primary job responsibilities.
- I authorize Teton County to conduct or have conducted a background investigation, relevant law enforcement – related checks, reference checks, educational verification, and, if applicable a motor vehicle records check.
- I understand that Teton County is a drug free workplace, and that if I am offered employment, the offer will be contingent on my passing a pre-employment drug test.
- I authorize persons, schools, current employer and previous employers named in this application to release information to Teton County, and I release them from any liability, claims or damages of any nature that may result from furnishing the information requested.
- Upon hire, I agree to comply with all county rules, policies, standards, and/or procedures applicable to my position of employment.
- Permanent classified employment is subject to successful completion of a probationary period, and the provisions of the Teton County Code. I understand that during entrance probation I may be terminated without cause or reason.
- I understand that this is an application for employment, and that no employment contract, expressed or implied, is being offered.
- **SHERIFF’S OFFICE APPLICANTS ONLY** – I understand that every person hired is a sworn deputy sheriff, regardless of the position, and is therefore required by Idaho law to subscribe to the duties of sheriff.

I have read and understand the statements above. (Signature does not necessarily indicate agreement)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*Teton County is an equal opportunity employer. It is our policy to hire and promote persons without regard to age, race, sex, color, disability, religion, or national origin.*

*Teton County complies with the Americans with Disabilities Act (ADA) and, upon request, makes reasonable accommodations for persons with a qualifying disability.*

**Personal References**

First Name: Last Name: Relationship: How Long Have They Known You

Phone #'s: Work: Home: Cell:

First Name: Last Name: Relationship: How Long Have They Known You

Phone #'s: Work: Home: Cell:

First Name: Last Name: Relationship: How Long Have They Known You

Phone #'s: Work: Home: Cell:

**Recruitment Source: (How did you learn about this job)**

- Teton County Employee
- Relative/Friend
- Teton County Job Line
- Sheriff's Office Job Line
- Teton County Courthouse Lobby (Walk-In)
- School Placement Office: (specify) \_\_\_\_\_
- Teton County Website: [www.tetoncountyidaho.gov](http://www.tetoncountyidaho.gov)
- Sheriff's Office Website:
- Other Website: (specify) \_\_\_\_\_
- Idaho Job Service (Commerce and Labor)
- Newspaper Classified Ad: (specify) \_\_\_\_\_
- Other: (specify) \_\_\_\_\_